

## X-RAY WORKER REGISTRATION

### SECTION I. User Information

Full name	_____	UW E-mail	_____
Employee ID #	_____	Date of Birth	_____
Department	_____	Title	_____
Phone #	_____	Office bldg./Room	_____
Principal Investigator	_____	Supervisor	_____

### SECTION II. Radiation Experience

Have you had previous experience working with radioactive material or other ionizing radiation sources such as x-ray machines?

YES  NO

If yes, have you received greater than 100 millirem in this calendar year from occupational exposures to radiation?

YES  NO

### SECTION III. Certification and Acknowledgement

I, \_\_\_\_\_ have received instruction in and demonstrated competence as per WA State  
PRINT NAME

Department of Health regulations (WAC 246-228-050).

- A. Identification of radiation hazards associated with the use of the equipment.
- B. Significance of the radiation labeling, warning lights, safety devices, shutter, key controls, and interlocks incorporated into the equipment.
- C. Proper operating and emergency procedures for the equipment.
- D. Recognition of symptoms of acute localized exposure.
- E. Proper procedures for reporting an actual or suspected exposure.

I was afforded the opportunity to ask questions addressing any concerns I have relating to potential occupational radiation exposure and the opportunity to speak to Radiation Safety Officer if needed (provided with contact information of UW RSO).

- I agree to comply with all applicable rules and regulations governing the safe use of x-ray machines and the conditions set by the Radiation Safety Office at University of Washington.
- I shall not bypass any safety devices unless obtained the written approval of Radiation Safety Officer.

User's Signature \_\_\_\_\_

Date \_\_\_\_\_

### SECTION IV. CERTIFICATION BY INSTRUCTOR

I have reviewed/discussed the requirements with the above signee, and this individual has demonstrated competence in the five areas of x-ray machine safety required by WAC 246-228-050.

Instructor Name \_\_\_\_\_

Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

X-registration # \_\_\_\_\_